




Quarter End	Due Date
Dec 31, 2013	Jan 31, 2014
Employer Identification Numbers	
UI Account Number	205 4024
Federal ID (FEIN)	46-5798654
UI Contribution Rate	0.46%
UI Administrative Fund Tax Rate	0.09%
UI Total Tax Rate	0.55%
	

<b>Step 1.</b> Check applicable boxes and provide information requested:	<input type="checkbox"/> No Wages paid for the quarter covering this report
	<input type="checkbox"/> Sold Business – Name, address and phone number of new owner: _____
	<input type="checkbox"/> Ceased Employing – Last payroll date ____/____/____
	<input type="checkbox"/> Change in Name, Address, Phone Number or Federal ID # (list corrections): _____
	<input type="checkbox"/> Amended Report

Employee's Social Security Number	Name of Employee		Total Wages Paid this Quarter	
	Last Name	First Name		
Total				

### Step 4. Number of UI Employees

1. Total wages paid this quarter	>		Number of covered workers who worked during, or received pay for the payroll period that includes the 12 <sup>th</sup> day of the month:  1 <sup>st</sup> month _____  2 <sup>nd</sup> month _____  3 <sup>rd</sup> month _____
2. UI total tax rate		0.0055	
3. Total tax (multiply line 1 times line 2)			
4. Credits (overpayment from prior quarters)		0 00	
5. Adjustments to prior quarters (attach explanation)			
6. Balance due (line 3 – line 4 +/- line 5 -- see instructions)			
7. If filing late, add penalty (\$25) and interest (line 6 x 1.5% x month(s) past due)			
8. Payment enclosed (line 6 + 7)	>		
<b>Make Check Payable to Unemployment Insurance Division. Please use attached voucher.</b>			

Mail to: Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339	<i>I certify the information on this report is true and correct.</i>			Date:	
	Authorized Signature	Title	Telephone Number	Name/Title of Contact Person	Telephone No